

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		5-4-0
O.I.P.E. CLASSIFIER	<i>[Signature]</i>		8-10-00
FORMALITY REVIEW	<i>[Signature]</i>	545	9-13-00
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	60705	3-5-01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	8/23/03
2	✓	✓	2/19/04
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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